

State of California **Secretary of State**

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not after if name is preprinted.) Logical Awesome LLC

FILED in the office of the Secretary of State of the State of California

AUG 2 5 2008

| | | EC | √This Space Fo | r Filing Use Only |
|---|--|---|-------------------------------------|--|
| DUE DATE: | | | | |
| | E OR PLACE OF ORGANIZATION | | | |
| 2. SECRETARY OF STATE FILE | NUMBER | 3. STATE OR PLACE OF ORGANIZATION | | |
| 200807010145 | | California | | |
| COMPLETE ADDRESSES | FOR THE FOLLOWING (Do not abbrevia | te the name of the city. Items 4 and 5 ca | nnat be P.O. Ba | tes.) |
| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | | CITY AND STATE | | ZIP CODE |
| 1735 Stockton St, Apt A | | San Francisco, CA | | 94133 |
| 5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY | | · _ | STATE | ZIP CODE |
| 1735 Stockton St. Apt A | | Sah Francisco | CA | 94133 |
| NAME AND COMPLETE A | DDRESS OF THE CHIEF EXECUTIVE | OFFICER, IF ANY | | |
| S. NAME | ADDRESS | CITY AND STATE | | ZIP CODE |
| | | | | |
| NAME AND COMPLETE A | ADDRESS OF ANY MANAGER OR M ADDRESS OF EACH MEMBER (Attac | IANAGERS, OR IF NONE HAVE E | BEEN APPOIN | TED OR ELECTED |
| 7. NAME | ADDRE69 | CITY AND STATE | | ZIP CODE |
| Chris Wanstrath | 1735 Stockton St, Apt A | San Francisco, CA | | 94133 |
| 8. NAME | ADORESS | CITY AND STATE | | ZIP CODE |
| PJ Hyett | 121A Jasper Pl | San Francisco, CA | | 94133 |
| 9. NAME | ADDRESS | CITY AND STATE | | ZIP CODE |
| Tom Preston-Werner | 3783 20th St, Apt 3 | San Francisco, CA | | 94110 |
| AGENT FOR SERVICE OF address. If the agent is a corp 1505 and item 11 must be left in . NAME OF AGENT FOR SERVICHTS WARSTRATH | | e agent must reside in California and Item California Secretary of State a certificate | n 11 must be con pursuant to Con | replated with a California porations Code section |
| 11. ADDRESS OF AGENT FOR S | ERVICE OF PROCESS IN CALIFORNIA, IF AN INC | ONIDUAL CITY | STATE | ZIP CODE |
| 1735 Stockton St, Apt A | | San Francisco | CA | 94133 |
| TYPE OF BUSINESS | | | | |
| 12. DESCRIBE THE TYPE OF BU | SINESS OF THE LIMITED LIABILITY COMPANY | • | | - |
| Internet Hosting | | | | |
| 13. THE INFORMATION CONTAI | NED HEREIN IS TRUE AND CORRECT. | 15 | | |
| Chris Wenetrath | eh. | m Wings Co-Foi | | 08/22/2008 |